



Clark County Regional Support Network Policy Statement

Policy No.	26
Policy Title:	Functional Criteria Data Requirements - Adult
Effective Date:	09/01/2001

Policy: All providers contracted with the Clark County PHP are required to complete the functional criteria data elements in order to substantiate medical necessity for service authorization and for quality monitoring. The functional criteria tools are reviewed, discussed and recommended by the System of Care and Quality Management committees.

Reference: WAC 388-865, #33 Community Mental Health Services-Authorization Data Requirements and #34 Level of Functioning Tools Policies and Procedures.

Procedure:

1. Providers will use designated functional criteria tools associated with the authorization type being requested as outlined in the Community Mental Health Services-Authorization Data Requirements Policy and Procedure.
2. Functional Criteria Includes:
 - a) Primary Diagnosis
 - b) All five Axes
 - c) Acuity
 - d) Level of Functioning
3. Functional Criteria Tools are:
 - a) Acuity – LOCUS Level of Care Guidelines for Adults
 - b) Level of Functioning – BSI
 - c) All five Axes
 - d) Priority
1. The scores/codes from the completed tools along with any clinical notes are entered into the Assessment (Functional Criteria) data screen located in the provider's BDS database.
2. Providers will administer functional criteria tools at the following intervals for all authorization types:
 - a) Intake/Assessment
 - b) 180 Day Review

c) Termination

3. The Functional Criteria data is transmitted to the RSN daily.
4. The RSN Care Managers review the data to verify that the consumer meets medical necessity and priority. Additionally the RSN Care Managers review the past service records to assure that the consumer meets criteria for ongoing care and that the care is adequate for the needs of the consumer.
5. The RSN Care Managers will discuss any issues or questions that arise from the functional criteria review with the provider agency clinical staff before processing authorizations.

Approved by: _____ Date: _____
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